

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11407

State File No.

No. 300
10-48

BIRTH NO. FILED MAY 11 1954		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 4071		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Camdenton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camdenton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camdenton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hickory Street				d. STREET ADDRESS (If rural, give location) Hickory Street			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Roscoe		c. (Last) Malone	
4. DATE OF DEATH		(Month) May		(Day) 7,		(Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 30, 1893		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Clerk		10b. KIND OF BUSINESS OR INDUSTRY Civic		11. BIRTHPLACE (State or foreign country) Camdenton County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James M. Malone		13b. MOTHER'S MAIDEN NAME Nancy E. Brown		14. NAME OF HUSBAND OR WIFE Addie Malone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 498-12-8053		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Addie Malone Camdenton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatism (Rheumatic) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 Hrs years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Surgery				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4013			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1953 , to 5-7 , 1954, that I last saw the deceased alive on 5-7 , 1954, and that death occurred at 3:15 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. R. Palmer, D.O.		23b. ADDRESS Camdenton, Mo.		23c. DATE SIGNED 5-9-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-54		24c. NAME OF CEMETERY OR CREMATORY HighPoint		24d. LOCATION (City, town, or county) (State) Camdenton, County Mo.	
DATE REC'D BY LOCAL REG. May 9-1954		REGISTRAR'S SIGNATURE Zilpha Traw		25. FUNERAL DIRECTOR'S SIGNATURE L. R. Palmer		ADDRESS Lebanon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.